

Medi-Cal Program Guide (MPG) Special Notice 06-13- Addendum A

September 1, 2006

Subject	County Medical Services (CMS) Lawsuit Class Member Appeals
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Effective date	April 7, 2006
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Reference	County of San Diego, Superior Court Case No. GIC841583 – Class Action Lawsuit regarding CMS denials occurring during the period January 24, 2004 through November 30, 2005 due to excess income.
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Purpose	Establish written procedures for processing requests for an appeal from CMS Lawsuit patients who have been determined to be non-class members. These appeals will be handled by the CMS Program Manager rather than the CMS Program Specialist II, as is stated in MPG SN 06-13.
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Class Member Definition	<p>As defined in Court Case No. GIC841583, a CMS Lawsuit Class Member is “an individual who, since January 24, 2004, has been denied eligibility for health care through the CMS program based on the income limits used by the County at that time, and who thereafter paid for their own care and/or incurred a debt to health care providers for such care”.</p> <p>Furthermore, to be eligible as a class member, the patient must have submitted a completed Lawsuit Claim Form (Attachment A) and must have answered YES to both Questions 1 and 2 as well as answered YES to either or both Questions 3 and 4.</p> <p>Patient’s who were originally denied due to multiple reasons are not considered to be members of the class.</p>
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**Cases
Involved**

These procedures only apply to those individuals who have returned a completed Lawsuit Claim Form and been determined to be excluded from consideration as a member of the CMS Class Action Lawsuit. The affected persons will have been notified of the denial with Form CMS-39LD (Attachment B) issued by the CMS Retro Team. Form CMS-39LD informs the patient of their right to request an Administrative Hearing, in writing or by phone, within 14 days from the date of the notice.

**Good Cause
for Late Filing**

Any requests for appeal received more than 14 days from the date of the CMS-39LD will be evaluated for good cause following the parameters outlined in MPG Article A, Section 12.4.

**Recording the
Request**

The CMS PS II will complete the Class Member Appeal Log (Attachment C) upon receipt of the request for appeal. The date the request is received shall be the file date.

**Conducting
the Appeal
Review**

The CMS PS II will obtain the patient's lawsuit packet from the lawsuit files held with the Retro Team at Health Care Policy & Administration. The packet will be thoroughly reviewed and the patient will be contacted by phone. The Lawsuit Claim Form will be reviewed with the patient to determine if the form was properly completed. No corrections will be made on the form without patient's initials. Any changes will be fully narrated and entered into the patient's lawsuit case record. IDX claims will also be reviewed, as well as the medical expense verifications submitted by the patient with their claim form.

**Status
Determination
and Appeal
Review
Decision**

Once all information has been thoroughly reviewed, a determination will be made as to whether the patient meets the definition of a Lawsuit Class Member and a written decision will be issued. A copy of the decision will be attached to the patient's lawsuit packet. The written decision will provide an explanation of the basis for the decision and will detail the verifications and /or information used in the decision making process. The CMS PS II shall record the date of the

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**Status
Determination
and Appeal
Review
Decision
(continued)**

written decision on the Class Member Appeals Log and the Retro Team Tracking Log will be updated to reflect any changes, as applicable.

If the Class Member denial is determined to be incorrect, the packet will be returned to the Retro Team for an immediate eligibility determination.

If it is determined that the Class Member denial was correct, the lawsuit packet will be returned to files with a copy of the decision attached as a permanent part of the lawsuit case record.

**Quality
Assurance**

No impact.

**Appeals
Impact**

As stated in this special notice.

**Manager
Approval**

ORIGINAL SIGNED BY

VICKI MIZEL, ASSISTANT DEPUTY DIRECTOR

Health Care Policy and Administration
Strategic Planning and Operational Support

ORIGINAL SIGNED BY

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